



Section

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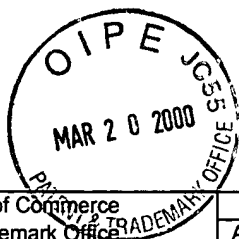
PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| | | | |
|--|-----------------------|------------------------|---------|
| TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | Application Number | 09/474,659 | |
| | Filing Date | December 29, 1999 | |
| | First Named Inventor | Ting K. Yee | |
| | Group Art Unit Number | 2733 | |
| | Examiner Name | Unknown | |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 3982 US |

| ENCLOSURES (check all that apply) | |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input checked="" type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Revocation and Power of Attorney | <input type="checkbox"/> _____ |
| REMARKS: | |

| SIGNATURE OF ATTORNEY OR AGENT | | | |
|--------------------------------|----------------------------------|--------|----------------|
| Signature: | <i>Michael W. Farn</i> | | |
| Attorney/Reg. No.: | Michael W. Farn, Reg. No. 41,015 | Dated: | March 14, 2000 |

| CERTIFICATE OF MAILING | | | |
|---|------------------------|--------|----------------|
| I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10. | | | |
| Signature: | <i>Michael W. Farn</i> | | |
| Typed or Printed Name: | Michael W. Farn | Dated: | March 14, 2000 |



PTO/SB/17 (6-95)(modified)
Approved for use through 11/30/96, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| | | | |
|--|--|--------------------------|-------------------|
| 0002/PTO(modified) Rev. 10/95 | U.S. Department of Commerce Patent and Trademark Office | Complete if Known | |
| | | Application Number | 09/474,659 |
| | | Filing Date | December 29, 1999 |
| | | First Named Inventor | Ting K. Yee |
| | | Group Art Unit | 2733 |
| | | Examiner Name | Unknown |
| FEE TRANSMITTAL | | Attorney Docket Number | 3982 US |
| TOTAL AMOUNT OF PAYMENT | | | |
| Subtotal (1) + Subtotal (2) + Subtotal (3) = | | (\$) 575 | |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|-------------------------------------|--|---------------------------------|----------|-----------------------|----------|-----|----------|--|--|--|-----|------------------------|---------------------------------|--|---------|-----|---------|--|-------|----|--------|---------|---|----|---|---|---|-----|-------|---|--------|--------|---|---|---|----|---|----|--|--|--|--|--|--|--|--|---|---|
| 1. The Commissioner is hereby authorized to: | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. | | <u>Large Entity</u> Fee Code/Fee | <u>Small Entity</u> Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†] | | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account. | | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 19-2555 | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: FENWICK & WEST LLP | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Duplicate Copy of this authorization is attached | | 116/\$380 | 216/\$190 | Extension for response within second month [†] | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: | | 117/\$870 | 217/\$435 | Extension for response within third month [†] | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [X] Check [] Other | | 118/\$1,360 | 218/\$680 | Extension for response within fourth month [†] | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 128/\$1,850 | 228/\$925 | Extension for response within fifth month [†] | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 119/\$300 | 219/\$150 | Notice of Appeal | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 141/\$1,210 | 241/\$605 | Petition to revive unintentionally abandoned application | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 142/\$1,210 | 242/\$605 | Utility Issue Fee (Or Reissue) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 143/\$430 | 243/\$215 | Design Issue Fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 123/\$50 | 123/\$50 | Petitions related to provisional applications | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 146/\$690 | 246/\$345 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 149/\$690 | 249/\$345 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify): Notice to file missing parts surcharge | | | <input type="text" value="65"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify): | | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) | | | (\$)65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Large Entity</u> Fee Code/Fee | <u>Small Entity</u> Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101/\$690 | 201/\$345 | Utility Filing | <input type="text" value="345"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106/\$310 | 206/\$155 | Design Filing | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108/\$690 | 208/\$345 | Reissue | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114/\$150 | 214/\$75 | Provisional Filing | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$)345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Large Entity</u> Fee Code/Fee | <u>Small Entity</u> Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$78 | 202/\$39 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$260 | 204/\$130 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$78 | 209/\$39 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"><thead><tr><th colspan="2">(Col. 1)</th><th colspan="2">(Col. 2)</th><th colspan="2">(Col. 3)</th><th colspan="2"></th></tr><tr><th>For</th><th>No. of Existing Claims</th><th colspan="2">Highest No. Previously Paid For</th><th>Extra**</th><th>Fee</th><th colspan="2">Fee Due</th></tr></thead><tbody><tr><td>TOTAL</td><td>34</td><td>minus*</td><td>20 or 0</td><td>=</td><td>14</td><td>x</td><td>9</td><td>=</td><td>126</td></tr><tr><td>INDEP</td><td>4</td><td>minus*</td><td>3 or 0</td><td>=</td><td>1</td><td>x</td><td>39</td><td>=</td><td>39</td></tr><tr><td colspan="8">[] First presentation of multiple dependent claim</td><td>=</td><td>0</td></tr></tbody></table> | | | | (Col. 1) | | (Col. 2) | | (Col. 3) | | | | For | No. of Existing Claims | Highest No. Previously Paid For | | Extra** | Fee | Fee Due | | TOTAL | 34 | minus* | 20 or 0 | = | 14 | x | 9 | = | 126 | INDEP | 4 | minus* | 3 or 0 | = | 1 | x | 39 | = | 39 | [] First presentation of multiple dependent claim | | | | | | | | = | 0 |
| (Col. 1) | | (Col. 2) | | (Col. 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No. of Existing Claims | Highest No. Previously Paid For | | Extra** | Fee | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 34 | minus* | 20 or 0 | = | 14 | x | 9 | = | 126 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 4 | minus* | 3 or 0 | = | 1 | x | 39 | = | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | | | | | | | = | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | * Subtract the greater number of Col. 2 | | | SUBTOTAL (2) | | (\$)165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----------------------|-----------------|---------------------------------|----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Typed or Printed Name | Michael W. Farn | Reg. Number | 41,015 |
| Signature | | Date | March 14, 2000 |



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

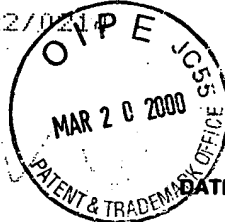
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Washington, D.C. 20231

| | | | |
|--------------------|---------------------|-----------------------|---------------------------|
| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
|--------------------|---------------------|-----------------------|---------------------------|

09/474,659 12/29/99 YEE T 3982-US

MICHAEL W. FARN
FENWICK & WEST LLP
TWO PALO ALTO SQUARE
PALO ALTO CA 94306

0222/02



2733

DATE MAILED:

02/14/00

NOTICE TO FILE MISSING PARTS OF APPLICATION

Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the **SURCHARGE** set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 1150.

☒ 1. The statutory basic filing fee is:

- ☒ missing
☐ insufficient

Applicant must submit \$ 690 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

\$ 252 for 14 total claims over 20.

\$ 78 for 1 independent claims over 3.

\$ 0 for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

- ☒ is missing or unsigned.
☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center

Patent Examination Division (703) 205-1000

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126.00 DP
39.00 DP



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Ting K. Yee and Peter Chang
SERIAL NO.: 09/474,659
FILING DATE: December 29, 1999
TITLE: OPTICAL COMMUNICATIONS USING HETERODYNE DETECTION
EXAMINER: Unknown
GROUP ART UNIT: 2733
ATTY. DKT. NO.: 3982 US

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: March 14, 2000

By: Michael W. Farn

Michael W. Farn, Reg. No. 41,015

BOX MISSING PARTS
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

**RESPONSE TO NOTICE TO FILE MISSING
PARTS OF APPLICATION**

SIR:

Responsive to Form PTO-1533 dated February 14, 2000 received in the above-identified patent application, enclosed are:

- ☒ a copy of the Notice to File Missing Parts;
- ☒ an original, signed Declaration;
- ☒ a signed Verified Statement

- ☐ Applicant respectfully submits that since this application was entitled to Small Entity Status when filed, as established with the enclosed original, signed, Verified Statement, the fee for filing as a large entity as indicated in the Notice to File Missing Parts is inappropriate

and that the filing fee submitted with this application as originally
filed is sufficient to cover the filing fees for this application;

- ☒ payment in the amount of \$575 for the surcharge and for the original filing fee;
☐ Other:

Respectfully submitted,
TING K. YEE AND PETER CHANG

Dated: March 14, 2000

By: Michael W. Farn
Michael W. Farn, Reg. No. 41,015
Fenwick & West LLP
Two Palo Alto Square
Palo Alto, CA 94306
Tel.: (650) 858-7823
Fax: (650) 494-1417